COVID-19

Identify and manage patients with Long COVID

First steps

1. Nominate a lead person for this activity
2. Use Pen CAT4 (see **Improvement ideas** below) to identify how many people in your practice have had a COVID-19 diagnosis and decide on your target (%) for follow up. Write it in **Goal** below.
3. Decide how you will communicate with your practice team and patients about the improvement you’re working on.
4. Refer to our [quick guide](https://nwmphn.org.au/for-primary-care/quality-improvement/tips-for-qi-success/) for more ideas to increase the success of your improvement activity.
5. Check the [Long COVID HealthPathway](https://melbourne.healthpathways.org.au/index.htm?783098.htm) to ensure your team is up to date with best practice management guidelines and referral options.

**Setting up your QI activity and PDSA.**

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| Goal | *What are we trying to accomplish? By when?* |
|  | Identify patients who have a previous diagnosis of COVID-19 and support those experiencing long COVID symptoms. Our goal is to follow up \_\_\_\_\_% of our identified patients by *[date]* \_\_\_\_\_\_\_\_\_. |
| A close up of a sign  Description automatically generatedMeasure | ***How will we measure this?*** |
|  | PenCAT4 measure: Percentage of patients with a diagnosis of COVID-19 who have been assessed for Long COVID symptoms |
| Improvement ideas | * Use Pen CAT4 to pull a list of patients with a diagnosis of COVID-19:   + In **Filters**: In the General tab, click ‘Active (3x in 2 yrs)’. In the Conditions tab, click on the Other tab. Click COVID-19 --> Yes. Click Recalculate.   + In the row of icons at the top of the screen, click **View Population** and print or save the list. * Decide how you will recall the patients on the list (for example: phone call, SMS, email or letter), your strategy (what you will say) and how you will divide the tasks. * A practice nurse could do a pre-assessment via phone to identify those experiencing long COVID symptoms, then invite them to see the GP for further support. * When the patient is with the clinician refer to the [Long COVID HealthPathway](https://melbourne.healthpathways.org.au/index.htm?783098.htm) to assist with support and referral decisions. * Consider setting up an assessment autofill for long COVID symptoms. Refer to [this guide](https://nwmphn.org.au/wp-content/uploads/2021/09/Making-an-autofill-or-comment-in-clinical-software.pdf) for Best Practice, MedicalDirector and ZedMed. If you implement the autofill, make sure this is communicated with all clinicians. * Use resources to enhance care:   + The RACGP has produced a helpful [post-COVID guide](https://www.racgp.org.au/clinical-resources/covid-19-resources/patient-resources/patient-resource-managing-post-covid-19-symptoms) for patients which provides strategies for dealing with mild post-COVID symptoms at home.   + The Victorian Department of Health has [information for people with long COVID symptoms](https://www.coronavirus.vic.gov.au/information-people-long-COVID-19-symptoms).   + Additional resources are listed on the [Long COVID HealthPathway](https://melbourne.healthpathways.org.au/index.htm?783098.htm) page. * Consider offering a GP Management Plan to patients who have been identified with ongoing long COVID symptoms. Referral to an exercise physiologist or physiotherapist may be beneficial. Practice nurses can also play a role in symptom monitoring, with use of the practice nurse item number 10997. * Consider offering a Mental Health Treatment Plan and referral for mental health support if appropriate. * Consider including patient information on long COVID and what symptoms to look out for in practice communications. |

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| **PLAN** | Identify who will do each step, how they will do it and by when.  Plan the test, including a plan for collecting data. |

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| *Step 1:* | **Who will do this?** | **By when?** |
| *Step 2:* | **Who will do this?** | **By when?** |
| *Step 3:* | **Who will do this?** | **By when?** |
| *Add more steps as needed.* | **Who will do this?** | **By when?** |

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| **DO** | Who is going to do what? Run the test on a small scale. Carry out the plan. Record data. Record any unexpected outcomes. |

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| When we looked at our baseline data, we found \_\_\_\_\_\_ patients with a diagnosis of COVID-19, and we aimed to follow up \_\_\_\_% of them in the activity period. |
| **What we did:** |
| By *[insert the date stated in Goal section] \_*\_\_\_\_\_\_, *[insert number]* \_\_\_\_\_\_\_% of our patients with a COVID diagnosis had been assessed for long COVID symptoms. |
| **Unexpected outcomes:** |

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| **Study** | **Analyse the results and compare them to your predictions. Does the data show a change?** |

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| *Write your responses to the following questions to reflect on your activity and what you learned.* |
| **Did you achieve what you thought you would?**  **Did your strategy work well? If yes, why? If no, what needs to be changed?**  **What challenges or barriers occurred?** |

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| **Act** | **Do you need to make changes to your original plan?**  **Based on what you learned from the test, plan for your next step** |

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| *What next? Will you implement the change or try something new?  What idea will you test next? What will you take forward; what is the next step or cycle?* |
| **What will you do now? Will you continue with the activity, change or improve it?**  **Does this activity need to be repeated in the future? Could a reminder be scheduled for this?**  **What improvement activity will your team focus on next?** |

Next steps

Try out another QI activity

After completing this activity, you may wish to consider another QI activity:

* Improving diabetes management in your practice
* PIP QI Measure 10: Improve blood pressure recording for patients with diabetes
* PIP QI Measure 5: Identify people with diabetes for influenza vaccination
* PIP QI Measure 8: Improve CVD risk recording in your practice

**Visit** [**nwmphn.org.au/qi**](https://nwmphn.org.au/qi) **to download templates for these activities.**

**Celebrate your work**

We would love to publish your quality improvement story on our website and share it with other practices. We encourage you to share your completed template and any photos from the project with us.

If you would like to tell us about your outcomes, please contact [primarycare@nwmphn.org.au](mailto:primarycare@nwmphn.org.au)  
  
**Feedback**

This is a new area of work and there are not a lot of resources or supporting documents as yet for practices and patients. As such, NWMPHN would value feedback on this activity, including any challenges or areas of difficulty for patients or anything that patients found helpful.

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| **Support** |
| If you need any support to implement your activity, if you had any difficulties, please contact us. We can also assist with COVID-19 vaccination, COVID+ model and other COVID-19 related enquiries.  Email [primarycare@nwmphn.org.au](mailto:primarycare@nwmphn.org.au) or call (03) 9347 1188 to speak to your practice’s quality improvement program officer. |

We acknowledge the peoples of the Kulin nation as the Traditional Custodians of the land on which our work in the community takes place. We pay our respects to their Elders past and present.

